PROJECT .CO73 RECORD

	OJECT TOTO NECOND	مر المراجع الم
1. DATE: TIME GROUP 3 August 66 03/0515Z	2. LOCATION Indianapolis, Indiania	
3. SOURCE Civilian	10. CONCLUSION INSUFFICIENT DATA FOR EVALUATION	
4. NUMBER OF OBJECTS One		
5. LENGTH OF OBSERVATION 30 Minutes	11. BRIEF SUMMARY AND ANALYSIS	
6. TYPE OF OBSERVATION Ground-Visual	SEE CASE	
7. COURSE Not Reported		
8. PHOTOS		
9. PHYSICAL EVIDENCE		

FORM
FID SEP 43 0-329 (TDE) Previous editions of this form may be used.

FTD (TDETR) Wright-Patterson AFB, Ohio 45433 3 August 1966 Indianapolis, Indiana Dear Ma Reference your unidentified observation of 3 August 1966. The information which we have received is not sufficient for evaluation. Request you complete the attached FTD Form 164 and return it in the envelope provided. We wish to thank you for reporting your observation to the Air Force. Sincerely, WFM HECTOR QUINTANILLA, Jr, Major, USAF Chief, Project Blue Book

164

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?	2. Time of day: 00/5-0045 30 Hour Minutes						
Day Month Year	(Circle One): (A.M.) or P.M.						
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other	(Circle One): a. Daylight Saving (Standard						
4. Where were you when you saw the object?							
US Route 36 10-12	Wo Indiane						
Negrest Postal Address	City or Town State or County						
5. How long was object in sight? (Total Duration)							
	lot very sure						
5.1 How was time in sight determined? Love for meanthe - when the flow have the total was observed.							
5.2 Was object in sight continuously? Yes							
6. What was the condition of the sky?							
DAY	HI_						
a. Bright b. Cloudy b. C	loudy						
7. IF you saw the object during DAYLIGHT, where was the	ne SUN located as you looked at the object?						
	o your left verhead						
	on't remember						

FTD OCT 62 164

This form supersedes FTD 164, Jul 61, which is obsolete.

attach 2

164

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?	2. Time of day: 00/5-0045
Boy Month Year	(Circle One): A.M. or P.M.
3. Time Zone: (Circle One): a. Eastern b. Central c. Mountain d. Pacific e. Other	(Circle One): a. Daylight Saving 5. Standard
4. Where were you when you saw the object?	
US Rante 36 10-12	Wo Indrance of Indiane
Necrest Postal Address	City or Town State or County
L E-1-1- J 1	Hours Minutes Seconds of very sure ust a guess In new the - when flood words
5.2 Was object in sight continuously? Yes	_ No
6. What was the condition of the sky?	
	HI_
a. Bright b. Cloudy b. C	loudy
7. IF you saw the object during DAYLIGHT, where was the (Circle One): a. In front of you b. In back of you e. O	

FTD OCT 62 164

This form supersedes FTD 164, Jul 61, which is obsolete.

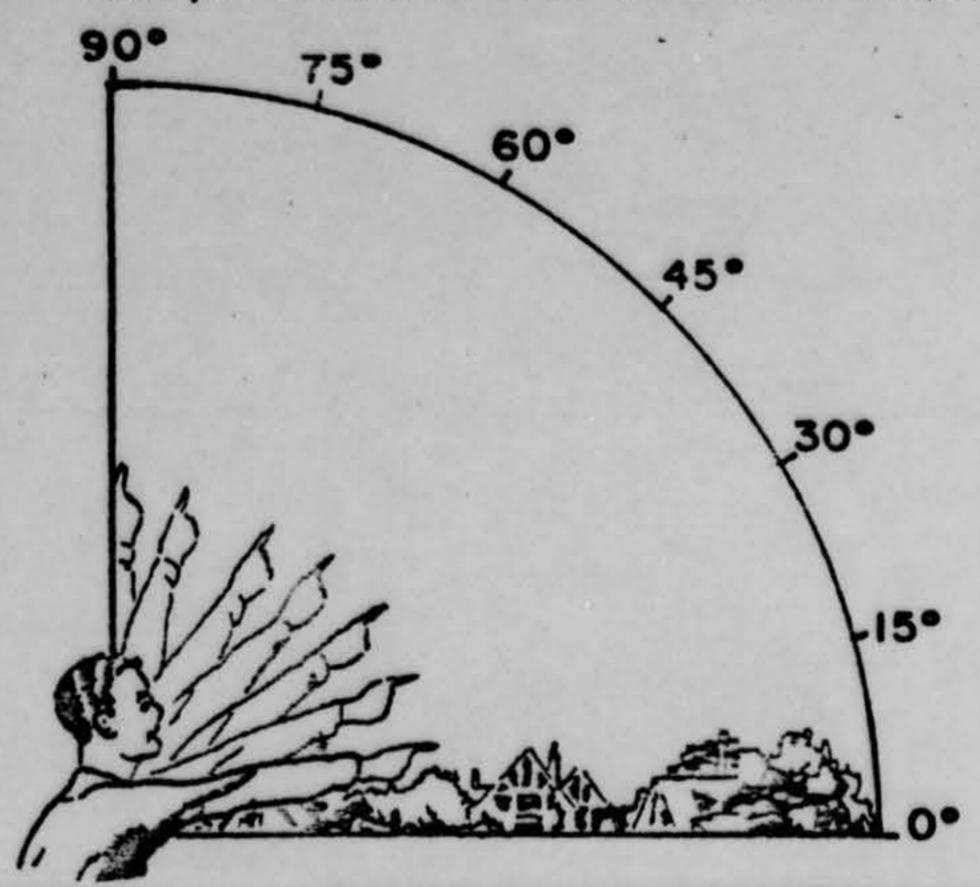
attacha

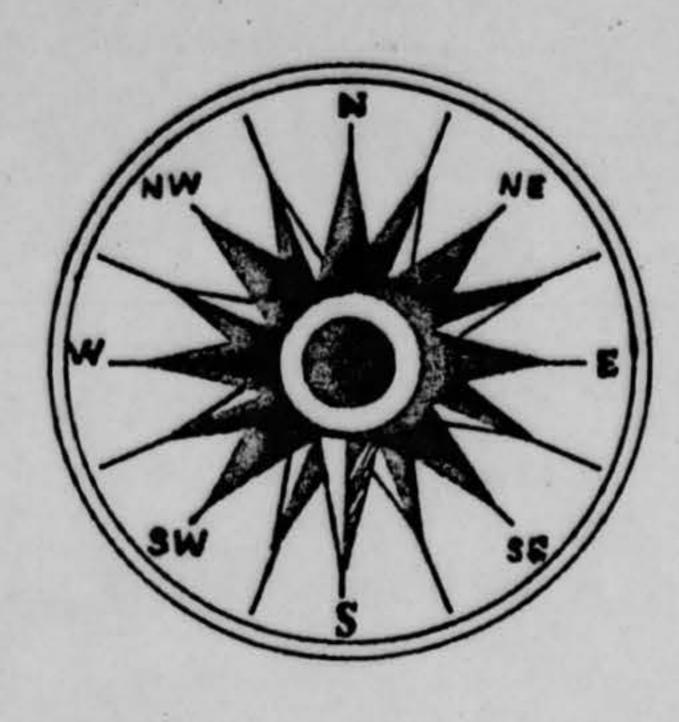
8. IF you saw the object at NIGHT, what did y	ou notice concerning the STARS and MOON?							
8.1 STARS (Circle One):	8.2 MOON (Circle One):							
a. None	a. Bright moonlight							
b. A few	b. Dull moonlight							
c. Many	c. No moonlight — pitch dark							
d. Don't remember	d. Don't remember							
9. What were the weather conditions at the time	e you saw the object?							
CLOUDS (Circle One):	WEATHER (Circle One):							
a. Clear sky	a. Dry							
b. Hazy	b. Fog, mist, or light rain							
c. Scattered clouds	c. Moderate or heavy rain							
d. Thick or heavy clouds d. Snow								
	e. Don't remember							
10. The object appeared: (Circle One): a. Solid d. As a light								
b. Transparent e. Don't ren c. Vapor	b. Transparent e. Don't remember							
b. Dimmer d.	About the same Don't know bject: Leacan such as retrobe light (mrt niousing)							
12. The edges of the object were: (Circle One): a. Fuzzy or blurred b. Like a bright star c. Sharply outlined d. Don't remember	e. Other							
13. Did the object:	(Circle One for each question)							
a. Appear to stand still at any time?	Yes No Don't know							
b. Suddenly speed up and rush away at an	ny time? Yes No Don't know							
c. Break up into parts or explode?								
d. Give off smoke?	Yes No Don't know							
e. Change brightness? f. Change shape?	Yes No Don't know Yes No Don't know							
g. Flash or flicker?	Yes No Don't know Yes No Don't know							
h. Disappear and reappear?	Yes No Don't know							

14.	14. Did the object disappear while you were watching it? If so, how?						
	no						
15.	Did the object move behind something at any time, particularly a cloud?						
	(Circle One): Yes No Don't Know. IF you answered YES, then tell what it moved behind:						
16.	Did the object move in front of something at any time, particularly a cloud?						
	(Circle One): Yes No Don't Know. IF you answered YES, then tell what in front of:						
	Tell in a few words the following things about the object:						
	b. Color white - to green - to white - to not some for						
	b. Color						
18.	18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?						
	difficult to juige						
19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.							

20.	Do y	ou think you can e	stimate the	speed of the	object	?			
		(Circle One)	Yes	(No)				
	IF y	ou answered YES,				mate?			
21.	Doy	ou think you can e	stimate how	far away fro	om you t	he object was?			
		(Circle One)	Yes	No		such,	cos fen	ceway yet, get	
	IF y	ou answered YES,	then how fa	r away would	d you so	y it was?	ment a	seway yet, yet	
22	When	e were you located	when you	aw the obje	ct?	23. Were you	(Circle One	.)	
22.		le One):		or me obje		20	,		
								ection of a city?	
		nside a building						section of a city?	
		n a car					en country si	de?	
		Outdoors				Taking to	an airfield?		
		n an airplane (type)				g over a cit		
	-	lt sea					g over open	country!	
	7. ()ther				g. Omer			
	24.1	What direction we a. North b. Northeast	c.	ng? (Circle East Southeast	One)	e. South f. Southwe	st	g. West h. Northwest	
	24.2	How fast were yo	u moving? _		mi	es per hour.			
	24.3	Did you stop at a	ny time whi	e you were	looking	at the object?			
		(Circle One)	Y	es 1	Vo.				
25.	Did	you observe the ob	ject through	any of the f	ollowing	?			
	٥.	Evenlasses	Yes	(No	e.	Binoculars	Yes	No	
	Ь.	Eyeglasses Sun glasses	Yes	No		Telescope	Yes	No.	
		Windshield	Yes	No		Theodolite	Yes	No	
	d.	Window glass	Yes	No	h.	Other			
26.					sky, wo	uld give the sa	me appearar	e in your own words a connece as the object which you	ou saw.
						1119 -	deck	- protect the con	ul

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you first saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you last saw it. Place an "A" on the compass when you first saw it. Place a "B" on the compass where you last saw the object.





28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

29. IF there was MORE THAN ONE object, then how many were there?

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

one fect

30. Have you ever seen this, or a similar object before. If so give date or dates and location.						
no						
Was anyone else with you at the time you saw the object? (Circle One) 31.1 IF you answered YES, did they see the object too? (Circle One) Yes	No No					
31.2 Please list their names and addresses:						
Please give the following information about yourself:						
NAME Last Name . First Name ;	Middle Name					
ADDRESS Street City Zone	State					
TELEPHONE NUMBER AGE 40 SEX MA	LE					
Indicate any additional information about yourself, including any special experience, and linear pilet ATR satura						
When and to whom did you report that you had seen the object? Called in						
Day Month Year & FTD Duty	Officer					
	Was anyone else with you at the time you saw the object? (Circle One) 31.1 IF you answered YES, did they see the object too? (Circle One) 31.2 Please list their names and addresses: Please give the following information about yourself: NAME Lost Name First Name ADDRESS Street TELEPHONE NUMB Indicate any additional information about yourself, including any special experience, Listended pulpt ATR Addition When and to whom did you report that you had seen the object? Aug. When and to whom did you report that you had seen the object? Aug. When and to whom did you report that you had seen the object? Aug. When and to whom did you report that you had seen the object? Aug. When and to whom did you report that you had seen the object?					

34. Date you completed this questionnaire:	3	des	66	
	Day	Month	Year	

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.